

INTENTION NO: \_\_\_\_\_

CERTIFICATE EXPIRATION DATE: \_\_\_\_\_

## MARRIAGE WORKSHEET

NAME PARTY A: \_\_\_\_\_ ☐ FEMALE ☐ MALE

NAME PARTY B: \_\_\_\_\_ ☐ FEMALE ☐ MALE

PLANNED DATE OF MARRIAGE: \_\_\_\_\_

PLANNED PLACE OF MARRIAGE: \_\_\_\_\_

FACILITY NAME

ADDRESS-STREET AND NUMBER

CITY

ZIP CODE

CURRENT TELEPHONE NUMBER: \_\_\_\_\_

CURRENT EMAIL ADDRESS: \_\_\_\_\_

IF YOU NEED TO BE CONTACTED AFTER MARRIAGE, WHAT IS YOUR PLANNED ADDRESS AFTER THE MARRIAGE:

STREET AND NUMBER

CITY

STATE

ZIP CODE

TELEPHONE AFTER MARRIAGE: \_\_\_\_\_

NAME OF OFFICIANT \_\_\_\_\_

ADDRESS OF OFFICIANT \_\_\_\_\_

ADDRESS-STREET NUMBER

CITY

STATE

ZIP CODE

IF THE OFFICIANT IS FROM ANOTHER STATE, HE OR SHE MUST APPLY FOR AND RECEIVE A COMMISSION FROM THE SECRETARY OF STATE BEFORE THE MARRIAGE TAKES PLACE. THE COMMISSIONS MAYBE OBTAINED FROM:

SECRETARY OF STATE, COMISSIONS DIVISION  
MCCORMACK BUILDING –17<sup>th</sup> FLOOR  
1 ASHBURTON PLACE  
BOSTON, MA 02108  
(617)727-2836

	RECEIVED	YES	NO	NOT APPLICABLE
AGE ORDER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COURT WAIVER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMISSION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**The Commonwealth of Massachusetts**  
DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

Intention No. \_\_\_\_\_

**NOTICE OF INTENTION OF MARRIAGE**

The following notice of intention of marriage is hereby given in compliance with law.

1. \_\_\_\_\_, 20\_\_\_\_

2. TO THE CLERK OF \_\_\_\_\_, MASSACHUSETTS

**PARTY A (Please Print)**

3. PRESENT NAME: (First, Middle, Last)

3A. SURNAME TO BE USED AFTER MARRIAGE:

4. DATE OF BIRTH: (Month,Day,Year)

4A. AGE:

5. OCCUPATION:

6. RESIDENCE:

(Number and Street)

(City/Town, State/Country, Zip Code)

7. THIS MARRIAGE

7A. Status of last marriage

☐ Widowed ☐ Divorced# (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>):☐ Void or annulled by court order☐ Void, under former GL c.207/§11 or  
by operation of law at time of marriage

If void, please provide clerk with evidence (see reverse)

7B. Am/was member of: ☐ Civil Union ☐ Domestic Partnership

(State/Country)

7C. If so, dissolved?

☐ Yes☐ No

8. BIRTHPLACE: (City/Town)

(State/Country)

9. NAME MOTHER/PARENT (First, Middle, Last) (Surname of birth or adoption)

10. NAME FATHER/PARENT (First, Middle, Last) (Surname of birth or adoption)

22. SEX

☐ Male☐ Female24. RELATED by blood or marriage to Party B? ☐ Yes ☐ No

If yes, how?

**PARTY B (Please Print)**

11. PRESENT NAME: (First, Middle, Last)

11A. SURNAME TO BE USED AFTER MARRIAGE:

12. DATE OF BIRTH (Month,Day,Year)

12A. AGE:

13. OCCUPATION:

14. RESIDENCE:

(Number and Street)

(City/Town, State/Country, Zip Code)

15. THIS MARRIAGE

15A. Status of last marriage

☐ Widowed ☐ Divorced# (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>):☐ Void or annulled by court order☐ Void, under former GL c.207/§11 or  
by operation of law at time of marriage

If void, please provide clerk with evidence (see reverse)

15B. Am/was member of: ☐ Civil Union ☐ Domestic Partnership

(State/Country)

15C. If so, dissolved?

☐ Yes☐ No

16. BIRTHPLACE: (City/Town)

(State/Country)

17. NAME MOTHER/PARENT (First, Middle, Last) (Surname of birth or adoption)

18. NAME FATHER/PARENT (First, Middle, Last) (Surname of birth or adoption)

23. SEX

☐ Male☐ Female25. RELATED by blood or marriage to Party A? ☐ Yes ☐ No

If yes, how?

**PENALTY: M.G.L. c.207 §52 "...whoever falsely swears or affirms in making any statement required...shall be punished by a fine..."**

I have reviewed a list of impediments to marriage and hereby state that there is an absence of any legal impediment to this marriage and do hereby depose and say that all of the statements as set forth in the above notice whereof I could have knowledge are true and are made under the penalties of perjury (M.G.L. c.4 §6, Rule 6 General Laws).

Party A (Signature)

Party B (Signature)

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Registrar, Clerk, or Assistant Clerk designated to administer oaths: \_\_\_\_\_

Marriage Certificate Issued: \_\_\_\_\_, 20\_\_\_\_ Not Valid After: \_\_\_\_\_, 20\_\_\_\_  
(60 days from date intention is filed. M.G.L.c.207 §20)



**NOTICE OF INTENTION OF MARRIAGE**  
(Reverse)

**Last Marriage Void or Annulled**

If last marriage was void or annulled (questions 7A and 15A) count the number of this marriage (item 7) as if the void/annulled marriage never occurred. Check below for evidence provided:

Party A

☐ Last marriage was previously determined to be void or annulled and the certificate on file with the Massachusetts clerk who issued the license and with the Registry of Vital Records and Statistics was marked accordingly.

☐ Court Order of Annulment

☐ Court Order Voiding Last Marriage

☐ A certified copy of the last Notice of Intention of Marriage that contains sufficient information to determine that last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage.

☐ Affidavit if intended parties are different.

☐ Other evidence sufficient to determine that the last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage.

*Specify:* \_\_\_\_\_

☐ Affidavit if intended parties are different.

Party B

☐ Last marriage was previously determined to be void or annulled and the certificate on file with the Massachusetts clerk who issued the license and with the Registry of Vital Records and Statistics was marked accordingly.

☐ Court Order of Annulment

☐ Court Order Voiding Last Marriage

☐ A certified copy of the last Notice of Intention of Marriage that contains sufficient information to determine that last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage.

☐ Affidavit if intended parties are different.

☐ Other evidence sufficient to determine that the last marriage was void under former M.G.L. c.207 §11 (repealed) or by operation of law at the time of marriage.

*Specify:* \_\_\_\_\_

☐ Affidavit if intended parties are different.

**Persons under Age 18 (M.G.L. c.207 §§24, 25, 33A)**

The clerk or registrar shall not receive a notice of intention of marriage of a person under 18 unless there is court authorization.

If court authorization was obtained pursuant to M.G.L. c.207 §25, please check below:

☐ Party A

☐ Party B

If legal age is in doubt, proof of age or parental consent is required pursuant to M.G.L. c.207 §33A. Please check below:

Party A

- ☐ certified copy of a record of birth.
- ☐ certified copy of a baptismal record.
- ☐ passport.
- ☐ life insurance policy.
- ☐ employment record.
- ☐ school record.
- ☐ immigration record.
- ☐ naturalization record.
- ☐ court record.
- ☐ parental consent.

Party B

- ☐ certified copy of a record of birth.
- ☐ certified copy of a baptismal record.
- ☐ passport.
- ☐ life insurance policy.
- ☐ employment record.
- ☐ school record.
- ☐ immigration record.
- ☐ naturalization record.
- ☐ court record.
- ☐ parental consent.

I am satisfied with the documentary evidence presented.

\_\_\_\_\_  
(Registrar, Clerk, or Assistant Clerk designated to administer oaths)

\_\_\_\_\_  
Date

# **The Commonwealth of Massachusetts**

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**DEPARTMENT OF PUBLIC HEALTH**

**REGISTRY OF VITAL RECORDS AND STATISTICS**

When filing notice of intention of marriage, both parties to the intended marriage are required to sign the intention under oath. (See Chapter 207, Sections 19 and 20.)

SECTION 52. Whoever violates any provision of section twenty, and whoever falsely swears or affirms in making any statement required under section twenty, shall be punished by a fine of not more than one hundred dollars. (Chapter 207, Section 52.)

## **LEGAL IMPEDIMENTS TO MARRIAGE**

(Prepared under the provisions of Chapter 207, Section 37, General Laws, Ter. Ed.)

---

No man shall marry his mother, grandmother, daughter, granddaughter, sister, stepmother, grandfather's wife, grandson's wife, wife's mother, wife's grandmother, wife's daughter, wife's granddaughter, brother's daughter, sister's daughter, father's sister or mother's sister. (Chapter 207, Section 1.)

No woman shall marry her father, grandfather, son, grandson, brother, stepfather, grandmother's husband, daughter's husband, granddaughter's husband, husband's grandfather, husband's son, husband's grandson, brother's son, sister's son, father's brother or mother's brother. (Chapter 207, Section 2.)

A marriage contracted while either party thereto has a former wife or husband living (except as provided in Section 6 of Chapter 207 and in Chapter 208 of the General Laws, Ter. Ed., as amended) shall be void.

The marriage of a person under the age of eighteen years, except as provided in Chapter 207, Section 25, General Laws, Ter. Ed. as amended, is prohibited.

---



Registrar of Vital Records and Statistics

Name of City or Town: \_\_\_\_\_

Intention Number: \_\_\_\_\_



**The Commonwealth of Massachusetts**  
**Department of Public Health**  
**Registry of Vital Records and Statistics**  
**Supplement to Notice of Intention of Marriage**

Chapter 64, Acts of 1998, requires that every couple filing an application to marry in Massachusetts provide the following information. All information on this form must be completed prior to the issuance of a marriage license in Massachusetts.

Complete one column for each person intending to marry.

**Party A**

Present name as it appears on the Intention: \_\_\_\_\_

First	Middle	Last
-------	--------	------

Residence: \_\_\_\_\_

Number and Street \_\_\_\_\_

City/Town	State	Zip
-----------	-------	-----

Social Security Number: \_\_\_\_\_

--	--	--	--	--	--	--

If a SSN has never been issued, specify reason below (example: Does not reside in United States).

\_\_\_\_\_

\_\_\_\_\_

**Party B**

Present name as it appears on the Intention: \_\_\_\_\_

First	Middle	Last
-------	--------	------

Residence: \_\_\_\_\_

Number and Street \_\_\_\_\_

City/Town	State	Zip
-----------	-------	-----

Social Security Number: \_\_\_\_\_

--	--	--	--	--	--	--

If a SSN has never been issued, specify reason below (example: Does not reside in United States).

\_\_\_\_\_

\_\_\_\_\_

*We state that all of the information given above is true and we understand that all statements are made under the penalty of perjury.*

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature \_\_\_\_\_

Date signed \_\_\_\_\_

The Supplement to the Notice of Intention of Marriage is not a public record. No copy will be maintained in the office of the city or town clerk. The original form will be forwarded to the State Registry of Vital Records and Statistics. The information in the supplement under statute may be made available for the purposes of child support enforcement and to other such state or federal agencies as may be required under state or federal law.

PRINT OR TYPE LEGIBLY IN BLACK INK